

Attach Photo
For binder

Dreams With Wings & Down Syndrome of
Louisville Achieving Dreams Summer Camp

\$215.00
Application Fee

2023

CAMPER APPLICATION

Due April 21st, 2023

Please type or print legibly- Use additional paper if needed.

Due April 21st, 2023

Camper's Name _____ Date of Birth _____
Age _____ Sex: Male _____ Female _____ Height _____ Weight _____

Parents'/Guardians' Name _____

Address _____

City _____ State _____ Zip _____

Mother's Home (____) _____ Work (____) _____ Cell (____) _____

Mother's Email Address _____

Mother's Employer _____

Father's Home (____) _____ Work (____) _____ Cell (____) _____

Father's Email Address _____

Father's Employer _____

**Please check preferred phone number, should we need to contact you during camp hours:*

Mother: _____ Home _____ Work _____ Cell _____ Father: _____ Home _____ Work _____ Cell _____

Is this your camper's first year applying for the Achieving Dreams Summer Camp? Yes _____ No _____

Will your camper use the MICHELLE P. WAIVER Respite for camp? Yes _____ No _____

Case Manager Name: _____ Phone Number: _____

Email address: _____

Agency Name: _____ Phone Number: _____

For campers 18 years of age and older: Has the camper been adjudicated incompetent in court with an appointed legal guardian? Yes _____ No _____

If yes, who is the camper's legal guardian? _____

Camper's Primary Diagnosis: _____

Additional Conditions – Please check all that apply to the camper:

- | | |
|-------------------------------|---|
| _____ Intellectual Disability | _____ Seizure Disorder |
| _____ Visual Impairment | _____ Currently managed with medication |
| _____ Hearing Impairment | _____ Past history with no current seizures |
| _____ Cerebral Palsy | _____ Frequency of seizures |
| | _____ Type of seizures |
| | _____ Other: _____ |

Please describe in more detail any conditions you have indicated _____

Has the individual been hospitalized for any of the concerns noted above? _____

Medical Information

Medications:

Name	Dosage	How Often?	For what?

Allergies: (medications, food, etc.) _____

Severity of allergies _____

Does the camper carry an epi-pen? _____

Physician Name: _____

Physician Phone Number: _____

Preferred Hospital: _____

Given your camper's skills and behaviors, what level of supervision does he/she require most of the day? In answering this question, please keep in mind how your camper responds to new situations, new people, transitioning from one activity to another, and other qualities of the camp setting. Please check only one:

- Camper can function totally independently in all or almost all settings with only occasional supervision.
- Camper can function independently for short periods of time and can be supervised in a group with 1 staff and several other campers the rest of the time.
- Camper generally can function in a group with a supervisor and 2-3 other campers. Camper needs one-to-one supervision only during specific activities.
- Camper generally needs one-to-one supervision, but can function in group situations for some activities.
- Camper needs one-to-one supervision throughout the day.
- Camper needs more than one staff with him/her all day or when agitated or upset.

Male/Female Counselor Preference (we cannot guarantee that preference will be given)

- Camper will do better with a MALE counselor. (Male campers will have both male and female counselors)
If so, please explain why: _____
- Camper will do better with a FEMALE counselor. (All female campers will have female counselors)
If so, please explain why: _____
- Camper will do equally well with either a MALE or FEMALE counselor.

In the following sections, please check all statements that describe your camper. Please answer thoroughly, giving examples. Use additional paper if necessary.

COMMUNICATION

1. Describe the communication style of your camper?

- Non-verbal _____
- Limited communication skills (some words, gestures, etc.) _____
- Reciprocal communication _____
- Uses sign language _____
- Additional Information _____

2. Which types of schedules work best with your camper?

- | | |
|--|---|
| A. <input type="checkbox"/> Verbal Schedule | B. <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Written Schedule | <input type="checkbox"/> ½ Day |
| <input type="checkbox"/> Photo/Graphic Schedule | <input type="checkbox"/> 2-3 Events at a Time |
| <input type="checkbox"/> Does Not Require a Schedule | <input type="checkbox"/> 1 Event at a Time |

Additional Information _____

SELF-HELP SKILLS

1. Mealtimes

_____ Camper will need assistance with eating

_____ Camper eats independently

_____ Camper is a choking risk

What allergies to foods and drinks does your camper have? _____

What other special dietary needs does your camper have (GFCF diet, no sugar, no pork, only 1 serving, etc.)? _____

Additional Information _____

2. Toileting

_____ Camper is completely toilet-trained, uses toilet independently

_____ Camper is partially toilet-trained, needs to be reminded to go

_____ Camper needs some assistance using the toilet

_____ Camper will use too much toilet paper or clog toilet

_____ Camper needs complete assistance/total supervision in the restroom

_____ Camper is not toilet-trained at all (wears diaper/training pants)

_____ Camper needs assistance with feminine hygiene

How often does your camper need to be taken to the restroom? _____

How does your camper let you know that he/she needs to go to the restroom? _____

Additional Information _____

BEHAVIORS

We must have accurate information about your camper's behaviors and how to respond to them. Please describe any increases in existing behaviors or the development of new behaviors over the past year in the box below.

Please indicate how often, if ever, your camper does the following behaviors and the consequences. We must have accurate information about your camper's behaviors and how to respond to them.

Behavior	Never	Seldom	Often	What you do when this occurs
Camper scratches, pinches, bites, or hits self				
Camper bangs own head				
Camper scratches, pinches, bites, or hits others				
Camper grabs other people				
Camper touches others inappropriately				
Camper throws things				
Camper gets into personal belongings				
Camper runs/wanders away				
Camper climbs on furniture				
Camper uses inappropriate language				
Camper spits on others				
Camper dumps liquids				
Camper strips own clothing				
Camper exposes self in public				
Camper masturbates inappropriately				
Camper is not trustworthy				

Please describe in more detail these behaviors or any other behaviors that you do not want your camper to do and explain how you want the camp staff to deal with them:

Behavior

Consequences/Triggers

Example: Camper throws objects

Must pick up object and return to proper place

Behavior Plans:

Does your camper have a behavior plan in place? _____

If so, it is the policy of Dreams With Wings to review the plan during the application process. **Please attach your camper's most current behavior plan.**

Therapist Name: _____ Agency: _____

Phone Number: _____ Email: _____

Do any of the above listed behaviors affect your camper's daily life? If so, how? _____

List any obsessive-compulsive behaviors:

Has your camper had any involvement with law enforcement? If so, please explain.

EMOTIONAL RESPONSES

___ Camper prefers to be by self

___ Camper clings to other people

___ Camper does not like to be touched

___ Camper gets upset if the routine changes

___ Camper cries for no apparent reason

___ Camper laughs for no apparent reason

___ Camper is bothered by excessive noise

Please list things that scare or upset your camper:

Please describe what helps to calm your camper when he/she is sad, hurt, afraid, or otherwise upset:

REINFORCEMENT

Reinforcers:

Schedule of Reinforcement

___ Edibles (food or drink)

___ Fixed time interval (i.e. every 15 min)

___ Music

___ Completion of task or activity

___ Tokens

___ End of day

___ Particular object

___ End of time period

___ Preferred activity

___ Other: _____

Please describe manner of reinforcement:

Swimming

___ I am unsure of how the camper does in the pool

___ Camper swims well

___ Camper cannot swim, must remain in the shallow end of the pool

___ Camper fears water/will not get in the water willingly

___ Camper drinks pool water

___ Camper has bowel movements in the pool

___ Camper needs to wear a lifejacket in the pool at all times (please provide us with a lifejacket)

___ Camper must wear earplugs while in the pool (please provide us with earplugs)

We will be taking field trips to water parks (e.g. Clarksville Family Aquatic/River Run). Does your camper enjoy water slides? ___ yes ___ no

COVID PROTOCOLS

We will follow current and up-to-date protocols when camp is in session. At a minimum, please describe how well your camper understands and follows standard COVID health and safety activities:

Mask Wearing:

Handwashing / Hygiene:

- | | |
|--|--|
| <input type="checkbox"/> Camper is comfortable wearing a mask on her / his own | <input type="checkbox"/> Camper washes hands / sanitizes on her / his own |
| <input type="checkbox"/> Camper needs help remembering to keep a mask on | <input type="checkbox"/> Camper needs help remembering to wash hands /
sanitize |
| <input type="checkbox"/> Camper refuses to wear mask | <input type="checkbox"/> Camper struggles with washing hands / sanitizing |

MISCELLANEOUS

What else should we know about your camper to make his/her camping experience a great one? Please use as much additional paper as you need. The more we know about your camper's likes, dislikes, skills and needs, the better we can serve them.

VACATION DATES / PLANNED ABSENCES

Please list below any planned absences or vacation dates during which your son/daughter will not be at camp this summer:

Return this form by **April 21st, 2023**

Applications can be returned via email to: dwasser@dreamswithwings.org

Applications can be faxed to: 456-5705; Attn: Devon Wasser

Applications can be mailed to:
Dreams With Wings, Inc.
Attn: Devon Wasser
1579 Bardstown Road
Louisville, KY 40205

Please contact Devon Wasser with any questions or concerns

E-Mail: dwasser@dreamswithwings.org

Phone: (502) 523-9407